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C. LEWIS

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EXAMINER

## **COVER LETTER**

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SUBJ	ECT:		IT V	entur	es LLC					
		Nai	me of Lin	nited Lial	bility Com	pany			_	
The en	iclosed Articles of Am	nendment and fe	e(s) are si	ubmitted	for filing.					
Please	return all corresponde	ence concerning	this matte	er to the f	following:					
				Stepl	hen R. V	Vilson			_	
				N	lame of Pers	son				
				IT V	entures	LLC				
	-			F	Firm/Compa	ny			_	
				7153	West H	wy 98				
	-	<del></del>			Address				<del></del>	
			Pana	ama Ci	ity Beacl	h, FL 324	107			
	`			City/S	State and Zip	Code				
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For fur	ther information conc							,		
Stephen R. Wilson Name of Person				at ( <u>850</u>			6-8065	oer .		
Enclos	ed is a check for the fo	ollowing amount	t:							
<b>X</b> \$25	i.00 Filing Fee	\$30.00 Filing I Certificate o			55.00 Filin Certified C (additional		closed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy onal copy is en	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

2011 HAR 25 AM H: 14 IT Ventures LLC (Name of the Limited Liability Company as it now appears on our records.) SSEE, FLORIDA

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ 03/01/2000\_\_\_\_\_ and assigned L00000002525 Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	INNES B. HORNSBY REV	3956 DUNWOODY DR PENNSACOLA, FL 32503	Add Remove
MGR_	GRAY, JAMES A	3631 MITCHELL LAKE DR GAINESVILLE, GA 30506	Add ✓ Remove
MGR_	DOZIER, PHILLIP M	102 BOCAGE DR DOTHAN, AL 36303	Add Remove
MGR_	WILSON, GEORGE E. JR	206 ASPHODEL DR DOTHAN, AL 36303	Add Remove
MGR_	WILSON, STEPHANIE M.	3813 MARINER DR. #E PANAMA CITY BEACH, FL 32408	_∏Add _ <b>☑</b> Remove -
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	Add Remove _
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Dated	DECEMBER 31 , 2010	Set Mhlom SEE, FLOR	5 I
<del></del>	•	authorized representative of a member	ئند
_		printed name of signee	

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